

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2004 8:00 am
Secretary of State

02-06-2004 90030 029 ****70.00

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01262004 Chg-NP CR2E037 (10/03)

4. FEI Number **562314683** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

DOCUMENT # N03000000470

1. Entity Name
CHRISTIAN WORK CHURCH MIGRANT MISSION, INC.



Principal Place of Business
**20425 NE 19 CT
MIAMI, FL 33179 US**

Mailing Address
**20425 NE 19 CT
MIAMI, FL 33179 US**

2. Principal Place of Business
409 W Hallandale Beach BL
Suite, Apt. #, etc. **216**
City & State **HALLANDALE - FL**
Zip **33009** Country **USA**

3. Mailing Address
409 W Hallandale Beach BL
Suite, Apt. #, etc. **216**
City & State **HALLANDALE - FL**
Zip **33009** Country **USA**

6. Name and Address of Current Registered Agent
**MARIN, OLEGARIO
20425 NE 19 CT
MIAMI, FL 33179**

7. Name and Address of New Registered Agent
Name **DR ALBERTO MORALES**
Street Address (P.O. Box Number is Not Acceptable)
409 W Hallandale Beach BL - 216
City **HALLANDALE** FL Zip Code **33009**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RUIZ, DR. OSCAR A 20425 NE 19 CT MIAMI, FL 33179 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RUIZ, DR. OSCAR A 20425 NE 19 CT MIAMI, FL 33179 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MARIN, OLEGARIO 20425 NE 19 CT MIAMI, FL 33179 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	UP GUERRA, JOSE 20425 NE 19 CT MIAMI, FL 33179 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC CASTRO, ANA 20425 NE 19 CT MIAMI, FL 33179 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC CASAS AND 20425 NE 19 CT MIAMI, FL 33179 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRE VELEZ, LUCAS 20425 NE 19 CT MIAMI, FL 33179 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRE VELEZ, LUCAS 20425 NE 19 CT MIAMI, FL 33179 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	LEGAL DEP. SOTO, SONIA 20425 NE 19 CT MIAMI, FL 33179 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/26/04 (954) 454911
Date Daytime Phone #